

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041682

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1306

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 28 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph.

Length of stay in 1b
60 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Missouri Methodist Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY
OR TOWN

St. Joseph.

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

916 Ashland Court

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

FRED

Middle

E.

Last

HENDERSON

4. DATE
OF DEATH

Month

November

Day

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 2, 1874

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Supt. of Transportation

10b. KIND OF BUSINESS OR INDUSTRY
Power Co.

11. BIRTHPLACE (City and state or country)
Centerville, Iowa

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Napoleon E. Henderson

13b. MOTHER'S MAIDEN NAME

Josephine Steadmen

14. NAME OF HUSBAND OR WIFE

Gertrude Todd Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Gertrude Todd Henderson-St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
Instant

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary sclerosis

DUE TO (c)

Arteriosclerosis general

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 4, 1962 to Nov. 8, 1962 and last saw him alive on Nov. 8, 1962
Death occurred at 7:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. E. Sauer, M.D.

22b. ADDRESS

St. Joseph, Mo

22c. DATE SIGNED

11-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov. 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

Ashland Mausoleum

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 21, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

S. E. Sauer, M.D.

VS 300
Rev. 4/59

1 5/17

2 5/17

3

4 0

5 1

6

7 1

8 2

9 4201

10

11

12 2-0

13 1-0

Resent issued 11/12/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond A. Moore

Licensed Embalmer No. 5147

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.